

Today's date_____

Name_____

GENERAL REQUIREMENT OF LAW ENFORCEMENT APPLICANTS

- A. BE A CITIZEN OF THE PARISH, STATE AND THE UNITED STATES,
- B. BE 18 YEARS OF AGE OR OLDER,
- C. BE A REGISTERED VOTER OF EAST CARROLL PARISH,
- D. BE A HIGH SCHOOL GRADUATE OR HOLD EQUIVALENT CREDENTIAL (G.E.D.),
- E. MUST HAVE A VALID LOUISIANA PHOTO IDENTIFICATION CARD OR DRIVER'S LICENSE,
- F. MUST HAVE A SOCIAL SECURITY CARD,
- G. MUST HAVE A BIRTH CERTIFICATE OR BIRTH CARD,
- H. MUST HAVE NOT BEEN CONVICTED OF A FELONY OR OF A MISDEMEANOR INVOLVING "MORAL TURPITUDE",
- I. MUST BE WILLING TO SUBMIT TO FINGERPRINTING, DRUG SCREENING, BACK GROUND INVESTIGATION, AND/OR MEDICAL EXAMINATION.



CIRCLE ONE OF THE FOLLOWING

- 1. JAILOR
- 2. DISPATCHER
- 3. CLERICAL
- 4. PATROLMAN OR PATROLWOMAN
- 5. INVESTIGATOR

EAST CARROLL PARISH SHERIFF'S DEPARTMENT
400 First Street, Courthouse Building
Lake Providence, Louisiana 71254

PLEASE READ CAREFULLY BEFORE PROCEEDING.....

1. Please fill out this application completely. Be sure that all mailing addresses are correct and include the Correct zip code.
2. Applicants must provide a copy of their current driver's license.
3. Applicants must include a current photo.
4. Applicants must also include in their application the following: copy of birth certificate, copy of high school Diploma or G.E.D. certificate, and copy(s) of all college transcripts and degree(s) conferred upon applicant.
5. Applicants having served in the military are to include a copy of their discharge papers (DD214) with the application.
6. If you do not have enough space for your answer to any question, please use an additional sheet of paper.
7. Please complete each blank. If it does not apply to you, place N/A in the space provided.
8. When you have completed your application, return it to the address above to receive further processing instructions.

Thank you for your cooperation and interest in working at the East Carroll Parish Sheriff's Department.

APPLICATION AGREEMENT - DRUG TESTING

I, _____, the undersigned, do hereby understand and acknowledge that it is a matter of policy of the East Carroll Parish Sheriff's Department that applicants be tested for drug usage, alcohol abuse, and complete physical fitness as a condition of employment.

I further understand that random drug tests for departmental employees may be conducted during employment if hired.

I have no objection to this policy and will voluntarily comply when requested to do so.

Signature

Date

Witness Date

APPLICATION AGREEMENT RELEASE
OF PERSONAL INFORMATION

I, _____, the undersigned, agree and Acknowledge that I am an applicant for employment with the East Carroll Parish Sheriff's Department.

I hereby authorize full disclosure and release of all information and records concerning myself to the East Carroll Parish Sheriff's Department relative to education, background, employment and pre-employment activities, including background reports, efficiency ratings, financial information, criminal and traffic arrests or convictions, and other factors that would be pertinent to my suitability for employment.

I understand that any information obtained by a personal history background investigation will be considered in determining my suitability for employment by the East Carroll Parish Sheriff's Department.

I hereby authorize any agency or individual questioned by the East Carroll Parish Sheriff's Department about my background to release any and all information deemed pertinent to this review of my application for employment by the East Carroll Parish Sheriff's Department. I hereby release the East Carroll Parish Sheriff's Department and any other agency or persons from any liability in connection with furnishing such information.

I understand, agree and acknowledge that I may be asked to take any tests or examinations that are deemed necessary by this office for employment, including the Nelson Denny Reading Test, Reid Honesty Test, Psychological Stress Evaluator and a physical exam.

I further understand, agree and acknowledge that all information obtained as a result of my application shall be confidential and, in the event my application is rejected, the reason for said rejection may not be revealed.

Signature

Telephone Number

Social Security Number

Witness

Address

City, State, Zip Code

Person to be notified in case of emergency:

Name Telephone Number

Address City State Zip

Please list all relatives employed by the East Carroll Parish Sheriff's Department:

Full Name Relationship Department

SPOUSE/FAMILY INFORMATION:

Spouse's Last Name First Name Middle or Maiden

Date of Birth Social Security Number

Place of Employment Business Phone Number

APPLICANT'S CHILDREN:

Name Address Date of Birth

Please list your immediate family below:

Father	Address	Age
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Mother	Address	Age
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Brother or Sister	Address	Age
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Brother or Sister	Address	Age
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Brother or Sister	Address	Age
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Brother or Sister	Address	Age
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Brother or Sister	Address	Age
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CHARACTER REFERENCES:

List three persons (not employers or relatives) who knows you well enough to give current information about you.

Name_____	Home Phone_____
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Address_____	City,State, Zip_____
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Occupation_____	Business Phone_____
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Name_____	Home Phone_____
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Address_____	City,State,Zip_____
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Occupation_____	Business Phone_____
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Name_____	Home Phone_____
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Address_____	City,State,Zip_____
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Occupation_____	Business Phone_____
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EDUCATION:

List your education including high school, college, business or technical schools.

<u>School Name</u>	<u>Address</u>	<u>From</u> <u>To</u>	<u>Graduate?</u> <u>YES</u> <u>NO</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT HISTORY:

List all positions held regardless of length of time employed beginning with your present place of employment and going back. If additional space is needed, please use a continuation sheet. Salary information is optional.

From _____	To _____	Job Title _____
Name of Employer _____		Phone# _____
Address _____		Salary _____
Description of Duties _____		
Name of Supervisor _____		
Reason for leaving _____		

From _____	To _____	Job Title _____
Name of Employer _____		Phone# _____
Address _____		Salary _____
Description of Duties _____		
Name of Supervisor _____		
Reason for leaving _____		

From _____	To _____	Job Title _____
Name of Employer _____		Phone# _____
Address _____		Salary _____
Description of Duties _____		
Name of Supervisor _____		
Reason for leaving _____		

From _____	To _____	Job Title _____
Name of Employer _____		Phone# _____
Address _____		Salary _____
Description of Duties _____		
Name of Supervisor _____		
Reason for leaving _____		

Have you ever served in the U.S. Armed Forces? Yes_____ No_____

If yes, what branch?_____

From _____To _____Rank at separation_____

Briefly describe your duties _____

Have you ever applied for a position with another law enforcement agency?

Yes_____ No_____ If yes, please explain _____

Name of Department/Agency Date Applied Accepted? (If no, give reason)

Have you ever illegally used drugs? Yes _____ No _____

If yes, please explain _____

Has your spouse ever illegally used drugs? Yes _____ No _____

If yes, please explain _____

Are you willing to undergo a pre-employment physical? Yes _____ No _____

Name of family doctor _____

SECURITY SCREENING

Please answer "yes" or "no" to the following:

1. Do you have any civil or criminal action pending against you? _____
2. Have you ever had any civil or criminal action filed against you? _____
3. Have you or your spouse ever been refused credit? _____
4. Have you or your spouse ever filed bankruptcy? _____
5. Have you or your spouse ever been handled through checks or forgery division? _____
6. Have you ever been divorced? _____
7. Have you or your spouse ever had a garnishment against your wages? _____

If "yes" to any of above, please explain

CREDIT REFERENCES:

Please list three credit establishments where you have established credit.

<u>Business</u>	<u>Address</u>	<u>Amount</u>	<u>Rating</u>
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Have you ever received a traffic citation or been involved in a traffic accident?

Yes _____ No _____ If yes, please explain (include dates) _____

Please list all misdemeanor and felony arrests to which you were subjected.

(What you were convicted of and when, are important. Give all facts so that a decision can be made.)

<u>Date</u>	<u>Charge</u>	<u>Detaining/Arresting Department</u>	<u>Penalty</u>
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Has your spouse ever been arrested? Yes _____ No _____

If yes, please explain _____

Have you ever been involved in a police investigation as a victim, suspect or witness?
Yes _____ No _____ if yes, please explain _____

If employed by the East Carroll Parish Sheriff's Department, do you anticipate an income other than your Sheriff's Department income? Yes _____ No _____ If yes, please explain

Are you a registered voter in East Carroll Parish? Yes _____ No _____
Ward _____ Precinct _____ Voting Place _____

List your previous address below starting with the most recent.

<u>Previous Address</u>	<u>From</u>	<u>To</u>

This job requires shift work, punctuality, and good attendance. Is there any reason why you could not fulfill this requirement? Yes _____ No _____

We are looking for a permanent employee and will make an investment in training. Is there any reason why you would not expect to stay with this department? Yes _____ No _____

Do you understand that in your first twelve (12) months of employment, you are on probation which you must complete successfully to continue in service; that you may be discharged at any time; that you must submit yourself to office policy and strict discipline and that you may not have any other employment without the approval of the Sheriff and his designee?

Yes _____ No _____

Why do you think you are qualified for employment by the East Carroll Parish Sheriff's Department?

List the employees you know in the East Carroll parish Sheriff's Department.

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, special skills, articles/books published, activities, accomplishments, etc. If you are applying for a clerical position, please give your typing speed, shorthand skills, computer skills, etc. (You may exclude all information indicative of age, sex, race, religion, color, national origin or disability.)

PSYCHOLOGICAL STRESS EVALUATOR

Prior to employment and sometime during employment, the East Carroll parish Sheriff's Department requires evaluation by means of the Psychological Stress Evaluator.

- 1. Do you agree to take a Psychological Stress Evaluator exam prior to employment with the east Carroll Parish Sheriff's Department?

Yes _____ No _____

- 2. Do you agree to take the Psychological Stress Evaluator exam as to the truthfulness of all the answers you gave on your application?

Yes _____ No _____

- 3. Do you agree to take the Psychological Stress Evaluator exam during your term of employment?

Yes _____ No _____

- 4. Have you ever taken any type of lie detector examination before?

Yes _____ No _____

If yes, explain for what reason, where the test was administered, and who asked you to take the test?

Applicant's Signature

Date

AGREEMENT

Please read the following statement carefully.

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge, and agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

Date

Applicant's Signature